

**CITY OF RALEIGH**  
**SOLID WASTE SERVICES DEPARTMENT**  
**APPLICATION FOR NEED ASSISTANCE COLLECTION**

**Mail completed form to: Solid Waste Services, PO Box 590, Raleigh, NC 27602  
or fax to (919) 831-6632.**

**Citizen's Statement** (please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Read the following statement carefully, and check the box beside it if you agree.**

☐ I request Need Assistance Collection because I am unable to bring my garbage and recycling containers to the curb, and there is no able-bodied person residing with me who could move the containers.

**My reason for needing assistance is (check one):**

☐ I have a permanent physical disability.

☐ I have a temporary physical disability until \_\_\_\_\_.

I understand that after this date, I will be removed from the Need Assistance list.

I understand that Need Assistance Collection is for recycling and garbage collection only, **not yard waste**. I also understand that this service may be revoked at any time by the Solid Waste Services Department if I no longer qualify for assistance. This determination may be made based on observations by Solid Waste Services operations employees.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Statement:**

For medical reason(s), the above individual is unable to and should not move the garbage cart and recycling bin to the curb each week. I have checked the correct status—either permanent or temporary. If temporary, I have indicated how long the customer will need backdoor service.

☐ Permanent      ☐ Temporary until (date) \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR SOLID WASTE SERVICES USE ONLY**

Date Received: \_\_\_\_\_ Date Customer Contacted: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

☐ Approved      Not Approved for reason: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_